

Progress Notes
08/16/2007

Requesting Physician: Urologist

I had the pleasure of meeting the patient today in follow-up regarding further treatment and recommendations for his clinical Stage T1c-N0-M0 adenocarcinoma of the prostate. The patient was initially evaluated by my partner in the office. The patient had initially presented with an elevated PSA of 18.23. Subsequent biopsies 03/09/2007 in the urologist's office confirmed Gleason's score of 3+3 involving approximately 30% of the specimen. The patient's workup in this regard was delayed somewhat secondary to his spontaneous pneumothorax requiring chest tube placement and pleurodesis. The patient subsequently recovered from these procedures and underwent staging studies, which did not indicate any evidence of metastatic disease. The various treatment options were discussed with the patient and he wished to proceed with external beam radiation therapy with a brachytherapy as a boost. The patient was started on LH/RH agonist approximately one month ago. He is seen in this clinic in order to provide external beam radiation therapy, as it is closer to his work. Currently patient states he is feeling well. He continues to have left rib pain, which has been present since his lung surgery. He denies any slow urinary flow symptoms or any urinary frequency. He notes nocturia two to three times per night. He denies any GI symptoms. In general he feels well.

Physical Examination: Patient is resting comfortably in no acute distress

Vital Signs: WT: 173 lb. BP: 126/88. P: 80. R: 19.

HEENT: Does not reveal any cervical or supraclavicular adenopathy

Lungs: Clear to auscultation and percussion

Cardiovascular: Regular rate and rhythm without murmurs or rubs appreciated

Abdomen: Reveals a soft and nontender abdomen with normal abdominal bowel sounds. No evidence of hepatosplenomegaly or masses.

Impression: Patient is a 51-year-old gentleman diagnosed with a T1c-N0-M0 Gleason score of 3+3 adenocarcinoma of the prostate. He has recently started LH/RH agonist.

I have had the opportunity to discuss this case with the evaluating radiation oncologist. I recommended to the patient that we proceed with external beam radiation therapy to the prostate, seminal vesicles, and periprostatic tissues over approximately 5-1/2 weeks. This will be followed by brachytherapy boost procedure coordinated by my partner. I did briefly review other options. The patient is quite interested in proceeding with the treatment plan as initially outlined by my partner.

I reviewed with the patient the risks and side effects of the proposed treatment. These include potential acute side effects such as skin irritation, fatigue, irritation of the bladder which could result in increased urinary frequency and rectal or bowel irritation which could result in increased bowel frequency or diarrhea. I also discussed potential long-term risks including a small chance of serious damage to the bowel, rectum, hips or other tissues, which could be serious. The patient expresses a strong interest in proceeding with the recommended treatment. I will arrange for the patient to undergo initial simulation using a CT based treatment planning

Patient MR# 888807
Patient Name: Joe Bigelow

Prostate Advanced Case #3
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treatment technique. I would anticipate starting his treatment next week. I will be writing further updates once he has completed his radiation therapy. In addition I will coordinate this portion of his treatment with my partner in order that patient can be scheduled for his brachytherapy boost procedure.

Thank you again for allowing me to participate in the care and treatment of this very pleasant gentleman.

Signed: Rad Oncologist #2

Radiotherapy Summary
10/07/2007

I would like to provide you with this patient's formal treatment details regarding his external beam radiation therapy in the treatment of his clinical stage T1CN0M0 adenocarcinoma of the prostate. The patient was initially evaluated by my colleague. The patient was started on luteinizing hormone RH agonists. He was recommended to undergo external beam radiation therapy, followed by a brachytherapy boost. The patient requested treatment in this clinic, as it is closer to his work. I met the patient on August 16, 2007. He was well aware of his treatment options. I recommended proceeding with radiation therapy.

I reviewed in detail the patient's case with my partner and coordinated with his plans.

Site: Prostate and seminal vesicles (planning treatment volume #1).

Technique: Four-field.

Energy: 10 MV photons.

Dose Per Fraction: 180 cGy.

Number of Fractions: 25.

Total Dose: 45 Gy.

Treatment Dates: May 9, 2007 to July 7, 2007. August 24, 2007 to October 3, 2007.

Site: Treatment site #2 prostate (planning treatment volume #2).

Technique: Four-field.

Energy: 10 MV photons

Dose Per Fraction: 180 cGy

Number of Fractions: 3

Total Dose: 40 Gy

Total Cumulative Dose: 50.4 cGy

Treatment Dates: Overall, from August 24, 2007, to October 7, 2007

The patient was initially simulated on a dedicated CT scanner. The images were brought to the treatment planning computer where a 3D-conformal treatment plan was developed. The gross target volume of the prostate was carefully contoured, as were the seminal vesicles on multiple axial slices. The initial planning treatment volume included the prostate and seminal vesicles with expansion. Planning treatment volume #2 included the prostate only.

Clinical Treatment Course: Overall, patient tolerated his radiation therapy quite well. He did have continued left rib pain, which was of long-standing duration and this continued to be managed by Pain Management. The patient developed increased urinary frequency and this was treated with Flomax. Otherwise, the patient tolerated his radiation therapy relatively well. He continued to work throughout nearly the complete course of his treatment.

The patient is scheduled to followup with my partner in approximately 2 – 3 weeks for initial volume studies. I will ask him to followup in this clinic on a p.r.n. basis.

Thank you for allowing me to participate in the care and treatment of this pleasant gentleman.

Signed: Radiation Oncologist #2

Operative Report
11/16/2007

Preoperative Diagnosis: Adenocarcinoma of the prostate

Postoperative Diagnosis: Adenocarcinoma of the prostate

Procedure: Prostate volume study

Anesthesia: General

Indications: This is a 51-year-old Caucasian male with prostate cancer. The patient has had approximately 22 external beam radiation treatments to the prostate. He presents today for prostate volume studies so that he can undergo brachytherapy in approximately two weeks. The procedure was explained to the patient, he appeared to understand and was agreeable.

Procedure: The patient was taken to the operating room and placed on the operating room table in a supine position. He was given a general anesthetic with satisfactory results. He was then placed in the dorsal lithotomy position. The ultrasound probe was lubricated and inserted into the rectum. The prostate was visualized at various levels in a transverse mode. The prostate volume was then measured beginning at the bladder neck and the median lobe and then advancing distally to the apex. The prostate volume was 31 grams. This data was placed into the computer for the purpose of dosimetry calculations.

The ultrasound probe was removed from the patient. He was then sent to the recovery room in satisfactory condition. He will be discharged from the recovery room.

Signed: Urologist

Operative Report
12/14/2007

Preoperative Diagnosis: Adenocarcinoma of the prostate

Postoperative Diagnosis: Adenocarcinoma of the prostate

Procedure: Brachytherapy, cystoscopy and removal of foreign bodies from the bladder

Anesthesia: General anesthesia

Drains: A 16 French Foley catheter to dependent drainage bag

Indications: This is a 51-year-old male with a history of adenocarcinoma of the prostate. He previously had external beam radiation therapy. He now presents for radioactive seed implants to the prostate. Palladium seeds were used. The procedure was explained to the patient. He appeared to understand and was agreeable.

Procedure: The patient was taken to the operating room and placed on the operating room table in the supine position. He was given a general anesthetic with satisfactory results. He was then placed in a high lithotomy position using Allen stirrups. He was prepped and draped in a sterile fashion. He was then catheterized. Some irrigation fluid was placed into the bladder and the catheter was clamped.

The ultrasound was then moved into position and placed into the rectum. The prostate was easily visualized using transrectal ultrasound. Radiation Oncology furnished the needles. A total of 19 needles were utilized and 101 seeds were placed into the prostate. These were placed in perineal fashion using a template and the needles were placed under ultrasound guidance. Once the needles had been placed appropriately and checked in the sagittal views, the seeds were then deposited within the prostate parenchyma. Following that, a C-arm was brought into the room and pictures were taken. This showed good distribution of the seeds throughout the prostate.

The patient was then prepped and rigid cystoscopy was performed. The patient was found to have one seed in the urethra which was grasped and removed. Another seed was identified within the bladder. It was grasped with grasping forceps and removed. Two spacers were identified within the bladder. They were removed as well. Following that, the cystoscope was removed. An 18 French Foley catheter was lubricated and inserted into the urethra and into the bladder. A 5 mL balloon was filled. The patient tolerated the procedure well and was sent to the recovery room in satisfactory condition.

Plans: Plans will be to place the patient in an observation bed overnight with an indwelling Foley catheter. The catheter will be removed tomorrow morning and the patient will be discharged.

Signed: Urologist

Operative Report
12/14/2007

Preoperative Diagnosis: Adenocarcinoma of the prostate gland, clinical stage T1c N0 M0,
Gleason's score of 3 + 3

Postoperative Diagnosis: Adenocarcinoma of the prostate gland, clinical stage T1c N0 M0,
Gleason's score of 3 + 3

Procedure: Interstitial brachytherapy

Anesthesia: General anesthesia

Indications: This patient is a 51-year-old white male presenting with an elevated PSA of 18.23 and found to have an adenocarcinoma of the prostate gland with a Gleason's score of 3 + 3, tumor involving the right apical area. Staging studies were negative. He has been treated with a short course of androgen blockade. He has received external beam radiation to the prostate and periprostatic areas and is now undergoing brachytherapy to complete his radiation therapy.

Procedure: The patient was brought to the operating room and placed under general anesthesia. He was prepped and draped in the usual manner. A Foley catheter was inserted into the bladder to visualize the urethra and bladder neck. Ultrasound was inserted into the rectum to visualize the prostate gland.

A total of 19 needles were inserted under ultrasound guidance which will be described in a separate dictation by the urologist. A total of 103 palladium 103 seeds were implanted which was calculated to give a dose of 100 Gy to the periphery of his prostate gland utilizing the new dosimetry standards. Two sources were recovered from the bladder. Therefore a net of 100 seeds were, in fact, implanted.

The patient tolerated the procedure without difficulty. He was taken to the recovery room in good condition. Post implant dosimetry films will be obtained today. We will plan to see him back in four weeks time.

Signed: Radiation Oncologist #1